

**ORDER FORM**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**LICENSURE RELATED DOCUMENTS**

*PHYSICIAN / SURGEON*

The following documents can be ordered through the Division's contract testing agency Experior at the address listed below. There is a fee of \$7.50 (includes sales tax) by mail or phone order. Make all checks payable to Experior

1. *Utah Medical Practice Act*
2. *Utah Medical Practice Act Rules*
3. *Physicians Education Fund*
4. *Health Care Providers Immunity from Liability Act*

Please contact:



**Experior**  
**5486 South 1900 West, Suite C**  
**Taylorsville, Utah 84118**  
**(801) 355-5009**  
**FAX (801) 355-4008 (credit card orders only)**

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Please provide the following information. Send this portion of the order form with payment for \$7.50 (includes Utah Sales Tax) in the enclosed envelope to receive the above listed documents. **(Do not mail cash.) All sales are final.**

**PHYSICIAN / SURGEON (45)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Check      \_\_\_\_\_ Money Order      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required for credit card orders)

